

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017489

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAY 9 1963

Primary Registration District No.

1003

Registrar's No.

4842

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 30 Yrs.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS 1101 N. 18th St. Apt. 202		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last PRESTON NMN COATES		4. DATE OF DEATH Month Day Year MAY 1 1963	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/13/07
9. AGE (last birthday) 55	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Brownsville, Tenn.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME PETER COATES	
13b. MOTHER'S MAIDEN NAME MINNIE WHITE		14. NAME OF HUSBAND OR WIFE BETTY J. COATES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Betty J. Coates, 1101 N. 18th St.,		Address Apt. 202	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RHEUMATIC HDART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 30 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4/6x		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 4/29/63 to 5/1/63 and last saw him alive on 5/1/63 Death occurred at 8:37 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature] M.D.		22b. ADDRESS BARNES HOSPITAL	
22c. DATE SIGNED 5/1/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/5/63	23c. NAME OF CEMETERY OR CREMATORY Sunset Gardens of Memory		23d. LOCATION (City, town, or county) (State) Stookey Township, Illinois
24. DATE RECD. BY LOCAL REG. MAY 4 1963		25. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

26. REGISTRAR'S SIGNATURE

27. DATE RECD. BY LOCAL REG.

28. REGISTRAR'S SIGNATURE

29. ADDRESS

30. DATE RECD. BY LOCAL REG.

31. REGISTRAR'S SIGNATURE

32. DATE RECD. BY LOCAL REG.

33. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Marion D. Officer

Licensed Embalmer No. 5177

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.